

Brown (Thos R.)

—CASE OF—

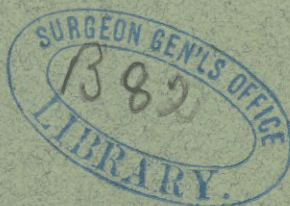
POISONING BY OIL OF CHENOPODIUM.

—BY—

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## CASE OF POISONING BY OIL OF CHENOPodium.

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The following history of a most interesting case of poisoning by wormseed oil, is submitted somewhat in detail :

Mr. X., occupation merchant, single, age 31, was a man of really excellent health, though subject to what may be styled constant "fits" of unrest and anxiety as to some imaginary disease, for which he was repeatedly physicking himself. These medicines would be either those prescribed by a physician or druggist, he always reserving to himself the right which he indulged freely, of entirely altering the prescription in kind or quantity to such an extent as to produce effects different to what were intended.

For example I have known him in one of these "fits" of depression, caused as he stated, by a serious decline in his sexual powers, a by no means uncommon fear with those who often, as he did, would *test his virility*, failing to get prescription from me, purchase from a druggist a number of those phosphorus and nux vomica pills prepared by Warner & Bro., of Philadelphia. He did not discontinue these remedies until after he had taken in the neighborhood of 25 dozen pills. On another occasion he continued the notion that he needed toning up for which he prescribed iron, that he gravely took before meals, which were almost invariably taken in such enormous quantities, and with such gusto as to make his family jocosely question the necessity for the tonic course that he had mapped out for himself.

On still another occasion I met him when he told me that he had sent to the drug store for medicine, and that to make sure of the desired effect he had taken double the quantity ordered. I might add to these numerous illustrations of a typical "hypo" in the way of urged examinations of lungs, heart, belly, penis, testicles, urine, etc., but enough has been offered to show his peculiarity. Now in striking contrast with all this, I can state that he

was actually a man of good physical health, and mentally, so far as related to his business capacity, he compared favorably with most men. He had a good appetite, regular bowels, normal urine, a muscular development which qualified him for enduring a great amount of exertion in gunning, boating and playing base ball. On Friday September 5th, he returned from an extended and successful business tour through the South. Soon after his return he consulted me, saying that he had been feeling very badly and generally "out of sorts." With the exception of a fatigued appearance, having been up a good part of the night, he looked as well as ever. Amongst other things complained of he informed me that he had been "passing worms." He seemed very positive about this, and I prescribed for him verbally one ounce of castor oil and twenty drops of turpentine. He immediately inquired of me if after the action of the medicine it would not be a good idea to "shape off," as he expressed it, with iron and quinine. To this I assented; he procured the medicine from a druggist near by, returned to my office, and after I had mixed it with whiskey he swallowed it. I remarked to him that castor oil was such a stinking thing that I would throw the bottle away at once, but, knowing his propensity as described above, I did not do this until I had observed from the label whether he had gotten the prescribed quantity of turpentine. He had ordered 30 in the place of 20 drops. I never thought of looking immediately above to note the quantity of the oil for the reason that I could not imagine a patient voluntarily increasing the dose of this disgusting medicine, and secondly that the quantity presented was evidently that or about that ordered. He remained under my sight for about one hour, during which time he spoke of being annoyed by disagreeable eructations, which made him a little sick. I left him, went on my rounds, and did not see him until 6 P. M., or about seven hours after the medicine had been taken. His first remark was that "that infernal medicine had not moved his bowels, but had made him deathly sick." He had been to witness a game of base ball, and while on the grounds he retired several times behind the benches and made unsuccessful attempts to vomit himself by using his finger. As just stated his chief and



only complaint on his return was the great nausea. I gave him one-twelfth of a grain of calomel to be repeated every half hour, the explanation for the unusual effect of the oil which I offered was that for some reason it had been retained in his stomach and that the nausea had been kept up by the constant eructations. My engagements kept me from seeing him until ten o'clock, four hours after. I found that he had remained in his dining room with a cousin during this interval, playing cards. The latter on my arrival, at once asked what my patient had taken as in addition to the sick stomach he observed that there was such difficulty in walking as to make him stagger like a drunken man and to require assistance in getting him to the water closet, situated in the story above, where I found him feeling, as he said, better after his bowels had begun to move slightly. When he descended to the dining room his behavior was simply such as might be explained by a severe attack of stomachic vertigo, and he looked badly, having a good deal of pallor, and was manifestly anxious. He retired early, having failed as was his custom to close the windows and lower the gas light.

The next morning, Saturday September 6th, he did not join his family at breakfast, which did not occasion surprise, as he had already announced his intention of getting rested and taking three days holiday after his labors. Soon after his breakfast hour I entered his room and found him sleeping as quietly and sweetly as possible. In the course of two hours I again called at his bedroom when he was still sleeping as before. This time, after a more careful scrutiny of himself and his apartment, I discovered that he had vomited freely over the sheet and especially on the floor. The vomit consisted of particles of meat and bread, the constituents of the breakfast taken the day before. Not only what had been ejected but the entire chamber was strongly scented with the unmistakable odor of wormseed.

It was evident that he had retired in great confusion and haste, a box of cigars, which he had brought to his room the night before, had been thrown at a table and was found on the floor, with the lid open and the contents partly emptied. He was lying on his back partly covered with a thin spread, and so eager had

he been to reach the bed that he had not put on his night shirt. His pulse, respiration, physiognomy, and skin were perfectly natural. I left the room without rousing him, but did not begin my rounds until I had visited my office for the purpose of consulting Stillé, Ringer, Taylor and Orfila, not to mention a number of other works that could in any way enlighten me, as to symptoms of poisoning from Wormseed. Besides the known fact of the danger from an overdose no information was obtained. I returned to my patient at about 4-30 P. M. of the same day, and found him precisely as I had left him, still soundly asleep. Without much difficulty, by calling and shaking him slightly, he awoke to perfect consciousness, and at once began to call my attention to the vomiting that had taken place during the night. On questioning him he placed his hand to his ear and indicated that he could scarcely hear a word I would speak. He was much surprised at the length of his sleep and the hour of the day. I asked him where he had gotten wormseed medicine and he denied having taken any. I assured him that the odor had charged the matter he had vomited and that he must have taken some. He again denied having had any. After directing him to get up and dress himself I left the room. I returned in less than one hour to find him again asleep on the bed and all dressed excepting as to his coat. He had buttoned his gaiters, prepared a clean shirt which required him to transfer the buttons, bent his collar, in short had attired himself in his accustomed manner. I easily roused him, he still showing marked deafness, took him by the arm and escorted him to the dining room, his gait being only a little unsteady but none of the staggering nor the anxious pallor of the night before was observed. He saluted his sister and her baby in a very cheerful way and immediately asked for food. Whilst waiting he commented upon his mysterious attack, and stated that with the exception of his deafness to the sounds of the voice, but exquisite sensitiveness to the sounds of passing vehicles and the cracking of ice by the waitress, and an annoying buzzing in his ears, he felt as well as he ever did in his life. In great doubt, under necessity, I was obliged to leave him for my office near by where he soon joined me. For a short time I was engaged in



my private office and left the patient in the waiting room. When seen again he had fallen soundly asleep. As soon as practicable I roused him, took him by the arm and walked him in the open air for about one-half of a mile. His intellection was clear, his gait steady and nothing unusual was observed but his deafness to my voice, and a painful sensitiveness to the sounds made by passing wagons. He remarked as each vehicle rolled by that it sounded like the roaring of immense cannons right into his ear. On returning to my office he spoke, for the first time, of a slight uneasiness in his belly and made an ineffectual attempt to vomit. During our walk I again inquired about the taking of wormseed medicine. I could not abandon the idea that anything but this drug could produce the odor encountered in his room. He again as before, denied having taken any.

After our walk he went to his home accompanied by myself, when I suggested to himself and sister a game of casino for the purpose of keeping him awake. He played with his usual cleverness and nothing unusual occurred until between ten and eleven o'clock when his sister played in violation of the rule by attempting to "build from the table." He instantly, sooner than myself, detected the false play and offered interruption but could not command the words to complete his sentence. After a vain effort, made for about one-half of a minute, he appealed to me in gesture if he was not right. In this he was clearly aphasic. The games having been finished I was left to watch him during the night. During the night the deafness and roaring in his ears continued. His temperature was taken and found normal as were his pulse, respiration, and physiognomy. There was some thirst. His speech was as good as ever, as shown by the anxiously clear and direct questions which he repeatedly made as to the "meaning of all this." He walked in a perfectly steady manner and the steadiness of his gait was especially noticeable as he gave chase to a rat that suddenly appeared in the room. He took during the night a few doses of a mixture containing about two drops of laudanum and whiskey, given as stimulants. Towards morning his drowsiness returned and he slept naturally for about two hours. I left him until eleven o'clock of that same (Sunday)

morning. During my absence, he was constantly attended by some member of his family and while in conversation with his sister, he for the first time admitted to his sister having taken some wormseed oil. When again seen by me he was wide awake lying on his bed and smoking a cigar, but disinclined to converse. His manner in smoking was peculiar. He would scarcely light the cigar before he would lay it down and take a fresh one, arguing clearly some perversion in his taste. This was kept up until interdicted and by the afternoon his mantel piece was strewn with cigars only slightly used. From 12 o'clock to his dinner hour—1—30, he remained in his room either on his bed or sitting up. Tho' relations remained constantly by his side, he showed not the least disposition to engage in conversation. To one of his attendants he again showed signs of distinct aphasia. He clearly wanted him to get or do something for him, but could not make himself understood. His friend replied by writing on paper "Don't understand" at the same time handing him the paper and pencil with which to make known his wish. After holding them in his hand, in a pensive state for some minutes with a sort of a flourish, he wrote in a perfectly distinct hand "The paper mu," waited awhile and then with a painful expression of the realization of his difficulty returned the materials and laid down. I then repeated the attempt by asking him what medicine he had bought while away from home. After similar preliminaries as before he only managed to write two letters "Th." In reply to my question as to how he felt he responded "I feel all right." The latter, like the other words were written in a perfectly distinct manner.

I prescribed for him small doses of bromide and iodide of potash. During all this time his deafness as described, was progressive and became so pronounced as to make it impossible to talk to him. Still there was the same kind of sensitiveness to other sounds. For example when the tea bell rang, tho' he was in the third story, three flights from where the sound came, he without notice from members of his family to their utter astonishment got up and walked as deliberately as ever into the dining room. He did not seem to know his accustomed seat and sat at



the wrong place. During the afternoon his aphasia was complete so that he no longer found it possible to express his ideas to any one which seemed to amuse him very much as he laughed heartily over it. His behavior all of this time deserves comment. Whatever he did he would keep repeating it for a considerable time. When I entered the room he rose shook me cordially and firmly by the hand, and then took his seat. In about a minute he arose solemnly came forward and again shook hands with me so that by twenty minutes he had shaken hands with me as many times. He then began to wash his hands and tho' the basin contained no water he went through the form of using soap and wiping with the towel as often as a dozen times in one hour. Many acts of similar import might be offered, some of which I observed and others were described by members of his family. He urinated normally during the day and the water as seen by me looked natural.

I joined the patient at his tea for the purpose of watching what up to this time had been to me an unsolved mystery. He appeared to relish his food, taking singly tea and bread. Towards the close of the meal while grasping a fragment of bread, there was a distinct spasm of the right fore-arm and hand. His fingers were firmly clenched, and his hand forcibly flexed on the fore-arm. He was assisted to his room, his walk entirely natural and when being placed on his bed he showed some resistance in striking at me. He at once commenced to groan, draw himself up, and tossed from side to side of the bed, suggesting abdominal distress. An enema of soap and water, about one quart, was given, followed by a free involuntary movement.

He soon became unconscious, and from his movements in bed it was clear that he was paralyzed in right arm. This member was dragged helplessly after him, as my attention was first called to it by a looker on. He remained in a stupor without stertor, with a pulse of seventy, temperature and skin normal, all of Sunday night. On Monday he was seen with me by Prof. Latimer who agreed as to the evidences of cerebral pressure. There continued impairment of motion and sensation of the right side together with insensibility to touch of the right eye ball. To-

wards the evening of Monday September 8th, his temperature began to rise, and by Tuesday evening the thermometer registered one hundred and four in the axilla. For the pyrexia hypodermic injections of quinine were given in large doses. All during Monday there were frequent twitching and stiffness of the right limbs, which yielded to inhalations of chloroform. These culminated in a unilateral convulsion at daylight Tuesday morning. At about noon Monday he passed, as he continued to do to the end except when drawn off, a large quantity of his urine involuntarily in bed. A microscopic and chemical examination of the urine showed nothing of especial significance. Its odor color and general properties were such as are met with in cases of high temperature. On Tuesday afternoon the heavy breathing, with flapping of the cheeks, of apoplexy appeared. There was also a more or less constant regurgitation of yellow frothy material from the mouth, which like the emanations from his skin smelled of wormseed. The accumulations of this material would at times be so profuse as to embarrass respiration. During one of these attacks of dyspnœa, and while in a drenching sweat, which suggested the approach of dissolution, he was gently turned in bed, immediately a general convulsion markedly opisthotonic appeared, lasting about two minutes, despite the use of chloroform. By this time a decided icterus appeared, which had been only noticed the day before. With the exception of distressing rattling which kept up through the night of Tuesday, associated with profuse sweating, nothing worthy of note occurred.

He died about eight o'clock on the morning of September 10th, five days from the beginning of his illness in profound coma and with a high temperature in his axilla. His yellowness at the end was so marked as to make it very difficult for me to discredit a rumor, that already had become current, that my patient had yellow fever. Unfortunately no post mortem was obtained. Immediately after death I examined his body and found a threatening bed sore over the sacrum, notably on the left side. The excessive heat continued for some hours after death. There was no rigor mortis. Decomposition set in so early as to necessitate a hasty funeral.

The history of the origin, of this case continued to be uncertain



until the day before his death, when on visiting the drug store where my patient had purchased his medicines, I learned for the first time that he had changed my prescription for one ounce of castor oil to about one ounce and a-half of wormseed oil, this being the whole of the druggist's supply. To this the turpentine was added. Had I been in the habit of directing wormseed oil, I might have thought that it had been taken under a misapprehension. It is the case however that only during my service at the Baltimore Special Dispensary, where this was the chief ingredient of a favorite worm mixture, did I ever administer it. I do not remember a single instance in private practice where this remedy has been prescribed by me. No matter as to this I have learned a lesson about ordering physic verbally.

One of the many points of interest in connection with this case was the clearly defined aphasia. Why the centre of speech, wherever and whatever this may be should have been elected, as it were, as the chief seat of the attack, is a profound mystery. By referring to page 311 of the London *Lancet*, for this year, it can be seen that Dr. Lawson, in his article on the effects of hyoscyamine upon himself states, among many other symptoms, that "after sleep there still remained incoherence and aphasia.

My excuse for this detailed report, lies in the fact that in no work on materia medica, practice nor forensic medicine which I have consulted, which includes almost every modern work (English), have I yet met with a single case of fatal poisoning from wormseed oil. Since the occurrence I have heard of others, and I have therefore determined to place mine on record.









